

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	LONG-WEARABLE SOFT CONTACT LENS
Attorney Docket Number::	8050-1007-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: JUNICHI  
Middle Name::  
Family Name:: IWATA  
Name Suffix::  
City of Residence:: NOBEOKA-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 157, ATAGOMACHI-3-CHOME  
City of Mailing Address:: NOBEOKA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: TSUNEO  
Middle Name::  
Family Name:: HOKI  
Name Suffix::  
City of Residence:: NOBEOKA-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 157, ATAGOMACHI-3-CHOME  
City of Mailing Address:: NOBEOKA-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: SEIICHIROU

Middle Name::

Family Name:: IKAWA

Name Suffix::

City of Residence:: NOBEOKA-SHI

State or Province of  
Residence::

Country of Residence:: JAPAN

Street of Mailing Address:: 157, ATAGOMACHI-3-CHOME

City of Mailing Address:: NOBEOKA-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 000466

Number::

### **Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	09/737,809	12/18/00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	11-357376	12/16/99	Yes
JAPAN	11-358699	12/17/99	Yes

**Assignment Information**

Assignee Name:: ASAHIKASEI AIME CO., LTD  
Street of Mailing 15-32, HIGASHICHO  
Address:: ISOGO-KU, YOKOHAMA-SHI  
City of Mailing Address:: KANAGAWA  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address::